Women Speak Out PAC Fet IDENTIFICATION NUMBER	Schedule E)	FOR SE OF FORM 24/48
Women Speak Out PAC C Coossor66 Check if	NAME OF COMMITTEE (In Full)	•
Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt A2 City State Zip Code Berryville VA 22611 Name of Federal Candidate Ms. Kay Hagan Calegory Defection for Office Sought Full Name of Payee Mark McNair City State Zip Code Ms. Kay Hagan Calegory Office Sought Full Name of Payee Mark McNair City State Zip Code Ms. Kay Hagan Calegory Office Sought Full Name of Payee Mark McNair City State Zip Code Ms. Kay Hagan Calegory Office Sought Full Name of Payee Mark McNair City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Salary Calegory Office Sought Offic		
Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt AZ City State Zip Code Berryville VA 22811 Purpose of Expenditure Salary Oppose Galedar Year-To-Date Per Election for Office Sought City State Zip Code Conway AR 72034 Mailing Address 11 Cooper Lane City State Zip Code Per Electron for Office Sought Category/ Type Category/ Type Office Sought: Other (specify) F Category/ Type Other (specify) F Other (C C00530766
Theresa a Youngblood Mailing Address 102 S Main Street Apt A2 City State Zip Code VA 22611 Purpose of Expenditure Salary Name of Federal Candidate Mark MCNair Mailing Address 11 Cooper Lane Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mark MCNair Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per	Check if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address 102 S Main Street Apt A2 City State Zip Code Berryville VA 22611 Name of Federal Candidate Support State Variable April A2 Name of Federal Candidate Support Collection for Office Sought State State State State State State Office Sought Mailing Address 11 Cooper Lane City State Zip Code Office Sought State Office Sought Office Soug	Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2	Theresa a Youngblood	
Purpose of Expenditure Category/ Onl Support Office Sought Online Operation Online Operation Online Operation Online Operation Online Operation Online Operation O	Mailing Address 102 S Main Street Apt A2	
Purpose of Expenditure Category/ Onl Support Office Sought Online Operation Online Operation Online Operation Online Operation Online Operation Online Operation O		
Purpose of Expenditure Salary Name of Federal Candidate Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought State Calendar McNair Mailing Address 11 Cooper Lane City State Calendary Name of Federal Candidate Mark McNair Name of Federal Candidate Mark McNair Name of Payee Mark McNair Name of Federal Candidate Support Amount City State Category/ Type Ont Office Sought: House District: O President X senate State: NC Calendar McNair Amount City State Category/ Type Ont Office Sought: House District: O President X senate State: NC Category/ Type Ont Office Sought: Name of Federal Candidate Support Office Sought: House District: O Transaction ID: 918a37e-28b7-44a8-8 Date of Disbursement or Obligation Office Sought: Name of Federal Candidate Support Office Sought: Senate State: Name of Federal Candidate Support Office Sought: Senate State: O		
Name of Federal Candidate Support Office Sought House District: 00	,	
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Mark McNair Mailing Address 11 Cooper Lane City State Category/ Salary Category/ Type On Transaction ID: 9f18a37e-28b7-4b48-8 Date of Disbursement For: 2014 Other (specify) ▶ Date of Public Distribution/Dissemination "99 11 2014 Amount City State Category/ Type Oo1 Name of Federal Candidate Mr. Mark L Pryor Category/ Type Category/ Type Office Sought: House Disbursement or Obligation "99 11 2014 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Bas575.14 Disbursement For: Primary General Consulting Address Transaction ID: 9f18a37e-28b7-4b48-8 Date of Disbursement or Obligation "99 11 2014 Other (specify) ▶ Category/ Office Sought: House Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emilly Buchanan IElectronically Filed) Date	Salary Oddegory/ Odd	
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Mark McNair Mailing Address 11 Cooper Lane City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Amount Tansaction ID: 918837e-28b7-4b48-8 Date of Disbursement For: 20.00 Tansaction ID: 918837e-28b7-4b48-8 Date of Disbursement or Obligation (Fig. 20.00) Tansaction ID: 918837e-28b7-4b48-8 Date of Public Distribution/Dissemination ### Calendar Year-To-Date ### Date of Public Distribution/Dissemination	Name of Federal Candidate Support Offic	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Mark McNair Mailing Address 11 Cooper Lane City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Uniternized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Other (specify) Date Dat	Ms. Kay Hagan Oppose	President Senate State: NC
Mark McNair Mailing Address 11 Cooper Lane City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures City State Zip Code To Date President Support Mr. Mark L Pryor Category/ Oo1 Category/ Oo1 Category/ Oo1 Category/ Oo1 Category/ Oo1 Compose President Senate State: AR Disbursement For: Primary General 2014 Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Oo1 Compose President Senate State: AR Disbursement For: Primary General 2014 Other (specify) ▶ Cother (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date	000400 00	
Mailing Address 11 Cooper Lane City		
City State Zip Code 20.00 Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Salary		
Conway AR 72034 Transaction ID: 9f18a37e-28b7-4b48-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought A88575.14 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Electi	Mailing Address 11 Cooper Lane	Amount
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 Disbursement For: Primary General Per Election for Office Sought Other (specify) 80.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City State Zip Code	20.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Category/ Type Office Sought: House District:	Conway AR 72034	
Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Office Sought: House District: O0 President Senate State: AR Disbursement For: Primary Other (specify) 80.00 80.00 10 11 11 12 14 15 16 17 17 17 17 17 17 18 18 18 18	Salary Odlegory/ 001	M = M / D = D / Y = Y = Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Name of Foderal Condidate	
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Market Bream	
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Oppose	President Senate State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures	201	4
(b) SUBTOTAL of Unitemized Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized Independent Expenditures	80.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date		7 7 7
[Electronically Filed] Date 09 13 2014	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Duto vv iv	[E1 - 4 11 - E1 - 11	
	Buto	2014

Schedule E)	W END. C.L.C	PAGE 2 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	d on
Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination
		09 / 11 / 2014
Mailing Address 4967 Dysartville		Amount
City Stat	e Zip Code	80.00
Morganton NC	·	Transaction ID : 86998e21-c1b4-4156-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	299438.29 Disk 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jennifer E Smith		M = M / D = D / Y = Y = Y
Mailing Address 4967 Dysartsville Rd		09 11 2014
		Amount
City	e Zip Code	80.00
Morganton NO	28655	Transaction ID: 8378b33b-3981-4c41-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	299438.29 Disl 201	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	09 13 2014
Signature		

Schedule E)	PAGE 3 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if24-hour report 48-hour report New report Amends report for	iled on
Full Name of Payee Jennifer E Smith	Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartsville Rd	09 11 2014 Amount
City State Zip Code	6.60
City State Zip Code Morganton NC 28655	6.60 Transaction ID: 27bb20e1-f5cc-4e9b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calcilaal Ical Ic Date	oisbursement For: Primary
Full Name of Payee Toni A Persinger-Buckler Mailing Address 5330 Nestleway Dr	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	30.00
Clemmons NC 27012	Transaction ID : dcf9039b-8437-4341-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate Support O	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	36.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 13 2014
Signature	

Schedule E)	01120	PAGE 4 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	: Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Toni A Persinger-Buckler	L	Date of Public Distribution/Dissemination 09 11 2014
Mailing Address 5330 Nestleway Dr	,	Amount
City State Zi	ip Code	3.60
	-	Transaction ID: c7a52345-c062-4df4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 11 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ement For: ☐ Primary ☒ General Other (specify) ▶
Full Name of Payee David M Bozeman	ı	Date of Public Distribution/Dissemination
		09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 768 Pine Haven Drive		Amount
City State Z	ip Code	5.00
	28306 Ti	ransaction ID : 843f0474-6c1a-4c93-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose P	President State: NC
Calendar Year-To-Date Per Election for Office Sought	299438.29 Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	8.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
<u></u>		
(c) TOTAL Independent Expenditures	• [
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized or party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	ally Filed] Date 09	13 2014
Signature		

Sche	dule E)	EXI ENDI	ii Oi i E				PAGE 5 OF 80 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Won	nen Speak Out PAC						C00530766
Check i	if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M /	/ D = D / Y = Y = Y
	Name of Payee Nark McNair				Date		c Distribution/Dissemination
						09	11 2014
IVIG	iling Address 11 Cooper Lane				Amo	ount	
City	у	State	Zip Code				30.00
Co	onway	AR	72034				ID: 9ad82f3f-8bf8-44ea-9 ursement or Obligation
	rpose of Expenditure alary		Category/ Type	001		M M 09	/ D D / Y Y Y Y 1
Nar	me of Federal Candidate		Su	upport	Office Sou	ght:	House District: 00
Mr	. Mark L Pryor			ppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	88575.14		Disburseme 2014	ent For: Other (sp	Primary
	Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
IVI	lark McNair					M M M	11 2014
Ма	illing Address 11 Cooper Lane				Am	ount	
						ou	
City	•	State AR	Zip Code 72034		Tran	saction II	5.10 D : 358a6b90-6320-4e27-8
	ponway rpose of Expenditure				Dat	e of Disbu	ursement or Obligation
	rpose of Experiature ileage		Category/ Type	002		09	11 2014
- 1	me of Federal Candidate			upport	Office Sou	ght:	House District: 00
Mir	: Mark L Pryor		X O	ppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	88575.14		Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(a) \$	SUBTOTAL of Itemized Independent Expenditures				· •	-	35.10
(b) \$	SUBTOTAL of Unitemized Independent Expenditur	res					
(c) -	TOTAL Independent Expenditures				•		
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate y committee) any political party committee or its a	e or authorized					
_	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	13	2014
S	Signature						

Schedule E)	VI EXI EIVE	ITOTILO		PAGE 6 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary Frank			M M /	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14 Ramblewood Drive			Amount	
City	State	Zip Code		30.00
Covington	LA	70435		: e78cf6fc-ee76-461d-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , ,	115236.30	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary Frank			M M /	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14 Ramblewood Drive			Amount	
City	State	Zip Code		1.20
Covington	LA	70435		: 4950579f-6844-4257-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	115236.30	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditu	res			31.20
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	
(c) TOTAL Independent Expenditures			•	1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 13	2014
-				

Schedule E)	L /(1 L /(2 ·	1101120		PAGE 7 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Lorri Anderson				f Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr				09 11 / 2014
7214 Duchamp Di			Amour	nt
City	State	Zip Code		50.00
Charlotte	NC	23215		action ID : 4a089c0e-91fc-4170-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	2	299438.29	Disbursement 2014 Ot	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Lorri Anderson				09 11 2014
Mailing Address 7214 Duchamp Dr				
			Amour	nt
City	State	Zip Code		12.90
Charlotte	NC	23215	Transa Date o	ction ID: 85332114-80d1-4d5b-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement 2014 Of	t For: Primary X General
•				
(a) SUBTOTAL of Itemized Independent Expenditures			· •	62.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures				
(c) TOTAL Independent Expenditures	•••••		•	Agh. Agh. Agh.
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09	13 2014
Signature		_		

Schedule E)	DENT EXICIO	TIONES	PA0 FOI	GE 8 OF 80 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee Dwayne C Smith			M M / D	stribution/Dissemination
Mailing Address 900 Bramblegate Rd			09 Amount	11 2014
City	State	Zip Code		10.00
Hope Mills	NC	28348	Transaction ID : 5 Date of Disbursen	5823c429-f683-4121-a
Purpose of Expenditure Salary		Category/ Type 001		11 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		X Oppose		enate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	299438.29	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Dwayne C Smith				stribution/Dissemination
1			09	11 2014
Mailing Address 900 Bramblegate Rd			Amount	
City	State	Zip Code		3.60
Hope Mills	NC	28348	Transaction ID : co	09e5bc6-36c7-4ee3-9 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	11 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Kay Hagan		Oppose	President X S	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	13.60
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
			,	7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 13	2014
Signaturo				

Schedule E)		PAGE 9 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	w report Amends report fil	led on
Check If 24-nour report 46-nour report	w report Amenus report iii	ed on
Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination 09 11 2014
Mailing Address 16005 7th St		Amount
City State	Zip Code	20.00
Pearlington MS	39572	Transaction ID: 79d7b0fa-3415-4c74-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	115236.30 Dis	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination
Mailing Address 16005 7th St		09 11 2014
Mailing Address 16005 7th St		Amount
City State	Zip Code	1.35
Pearlington MS	39572	Transaction ID: a4238791-f5d7-4ab2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose [President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SURTOTAL of Itamized Independent Expanditures		24.25
(a) SUBTOTAL of Itemized Independent Expenditures	•	21.35
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
Ms. Emily Buchanan	ectronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	PAGE 10 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M - M / D - D / Y - Y - Y
Check if 24-hour report X 48-hour report New report Amends report filed	d on
Full Name of Payee Amanda Boley	Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive	09 11 2014
Opin Oak Dilvo	Amount
City State Zip Code	57.50
charlotte NC 28227	Transaction ID : c220b91e-3ac9-4992-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate Support Office	ce Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	M M / D D / Y Y Y Y
Mailing Address Split Oak Drive	09 11 2014
Mailing Address Split Oak Drive	Amount
City State Zip Code	18.30
charlotte NC 28227	Transaction ID : aaed6be8-485e-4ba8-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dista	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	75.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 13 2014
Signature	

Schedule E)	NDII GILLO	PAGE 11 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report fi	illed on Man / Dab / Yaryary
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination
Mailing Address 147 Possum Trot Rd		09 11 2014 Amount
City State	Zip Code	115.00
Bakersville NC	28705	Transaction ID : 320610ce-151f-4906-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee Danielle E Grindstaff Mailing Address 147 Possum Trot Rd		Date of Public Distribution/Dissemination 09 11 2014
		Amount
City State Bakersville NC	Zip Code 28705	29.10 Transaction ID : 17f8c342-000a-4f87-a Date of Dishurament or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation
Name of Federal Candidate	Support O	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		144.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expendir with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Ele	ectronically Filed] Date	09 13 2014
Signature		

Schedule E)	LIVI EXI EIVE	ATTOTILES	<u> </u>	PAGE 12 OF 80 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Casey Stockton			09	11 2014
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		70.00
Spruce Pine	NC	28777		: ca50c3c6-5ce7-4291-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	299438.29	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee			Date of Public D	Distribution/Dissemination
Chad E Day			09	11 / 2014
Mailing Address 168 Emerald Hill			Amount	
City	State	Zip Code		77.50
Forest City	NC	28043		48398bea-dc12-42f1-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			147.50
(4)			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	7
(c) TOTAL Independent Expenditures)	171171
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 13	2014
g				

Schedule E)	PAGE 13 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report Amends report filed on	M M / D D / T T T T
Mary Johnson	of Public Distribution/Dissemination
Mailing Address 105 South Dale St	09 11 2014
Amor	unt
City State Zip Code	70.00
Date	saction ID: 6370e224-1568-4c38-a of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary
	e of Public Distribution/Dissemination
Virginia M Stevens	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd	
Amo	unt
City State Zip Code	50.00
Date	saction ID : afda392d-946a-434b-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y 11 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	13 2014
Signature	

Schedule E)	L /(1 L /(2)			PAGE 14 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000.00
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Virginia M Stevens				f Public Distribution/Dissemination
				09 / 11 / 2014
Mailing Address 1691 Fork Mtn Rd			Amour	nt
City	State	Zip Code		26.10
Bakersville	NC	28705		action ID : d2a6e39d-c797-4830-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District:00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement 2014 Ot	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Malinda Ledford			М	09 11 2014
Mailing Address 44 Bell Street Ext				
			Amou	nt
City	State	Zip Code		50.00
Spruce Pine	NC	28777	Transa Date o	ction ID: db1ce037-0103-45a8-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	76.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			
(c) TOTAL Independent Expenditures				
(0)			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	13 2014
Signature		_		

Schedule E)	JEINT EXTERE	TOTILO	PAGE 15 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			09 11 2014 Amount
City	State NC	Zip Code 28777	25.80 Transaction ID : 82c96f8f-5ef1-4e79-a
Spruce Pine Purpose of Expenditure Mileage	NC	Category/	Date of Disbursement or Obligation
Name of Federal Candidate		Type 002 Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 11 2014
Mailing Address 106 Hillside St			09 11 2014 Amount
City Spindale	State NC	Zip Code 28160	87.50 Transaction ID : ac7680ab-2464-4c08-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 113.30
(b) SUBTOTAL of Unitermized Independent Ex	oenditures		
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 13 / 2014

Schedule E)	LIVI LXI LIVL	ATTOTILES	PAGE 16 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			09 / 11 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	39.66
Spindale	NC	28160	Transaction ID : ac77a059-b1fb-41f6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	299438.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tracy M Hargett			09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5133 Lord Bryon Road			Amount
City	State	Zip Code	45.00
Wilmington	NC	28405	Transaction ID : aa6e57ff-5206-42ac-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	299438.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		84.66
(a) GODIONIZ OF NOTHED STREET THEODOLOGIC EXPONE			04.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule E)	LITT EXI LITE	TI OTILO		PAGE 17 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
	V IACAA LOP	JOIL AITIGING TOPO	It liled on	
Full Name of Payee Tracy M Hargett			Date of Pu	blic Distribution/Dissemination
Mailing Address 5133 Lord Bryon Road			Amount	
City	State	Zip Code		20.40
Wilmington	NC	28405		n ID: 8d4c96c7-2b1a-4d7a-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 09	11 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For 2014 Other	:
Full Name of Payee Claire A Smith				blic Distribution/Dissemination
			09	11 2014
Mailing Address 6610 Walcott Rd			Amount	
City	State	Zip Code		70.00
Paragoud	AR	72450	Transaction Date of Dis	n ID: 44c5d280-f55b-461b-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expend	litures		. •	90.40
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·	
(c) TOTAL Independent Expenditures			>	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 09 13	
Signature				

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Claire A Smith	M M / D D / Y Y Y Y
Mailing Address 6610 Walcott Rd	09 11 2014 Amount
City State Zip Code	67.50
Paragoud AR 72450	Transaction ID: 824843f8-559f-455d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 11 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Jackson S Tuttle	Date of Public Distribution/Dissemination
	09 / 11 / 2014
Mailing Address 404 Chancery Park Ct	Amount
City State Zip Code	40.00
Kernersville NC 27284	Transaction ID: d0d567e7-387d-41b8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 11 2014
Name of Federal Candidate	e Sought: House District: 00
Ms. Kay Hagan Support Office Oppose	e Sought: House District: 00 President Senate State: NC
	ursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought 299438.29 Disbute 299438.29	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	107.50
(4) CO TO TO TO TO THE TOTAL THE TOTAL TO TH	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 13 2014
Signature	

Schedule E)	LINDITOTILO	PAGE 19 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination
Mailing Address 404 Chancery Park Ct		09 11 2014 Amount
City State	Zip Code	6.00
Kernersville NC	27284	Transaction ID : eb5bfeb3-6dbf-4429-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Sue G Walker		09 11 2014
Mailing Address 3 Girard		Amount
City State	Zip Code	50.00
Fort Smith AR	72901	Transaction ID : 28dd79af-cf63-484f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		56.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sch	nedule E)	L/(1 L.(12.	1101120		PAGE 20 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
T	Full Name of Payee Sue G Walker				of Public Distribution/Dissemination
1	Mailing Address 3 Girard			Amour	09 11 2014
L	City	State	Zip Code		12.00
	Fort Smith	AR	72901		action ID : 9efda11d-05e5-4e9b-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 11 2014
	Name of Federal Candidate		Support	Office Sought	t: House District:00
	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement 2014 Of	t For: Primary ⊠ General ther (specify) ▶
	Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt A2				of Public Distribution/Dissemination 09
	City	State	Zip Code	- $ $ $ $ $ $ $ $	80.00
	Berryville	VA	22611	Transa Date	oction ID : 7ea00690-a4ba-4bed-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 11 / 2014
	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	,,	299438.29	Disbursemen 2014 O	ther (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	S		.	92.00
(k	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(0	c) TOTAL Independent Expenditures			· [7 1 7 1 7
W	Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	9 09	13 2014
	Signature				

Sc	hedule E)	LIVE			PAGE 21 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends	report file	ed on Mam / Dab / Yayayay
T	Full Name of Payee Edward N Walker				Date of Public Distribution/Dissemination
-	Mailing Address 3 Girard St				09 11 2014 Amount
-	City State		Zip Code		20.00
	Ft Smith AR		72901		Transaction ID : 621a769e-4718-4187-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	09 / 11 / 2014
ı	Name of Federal Candidate		Suppo	ort Offic	ice Sought: House District: 00
	Mr. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14	Dist 201	bursement For: Primary X General Other (specify) ▶
Ī	Full Name of Payee Edward N Walker				Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 11 2014
-	Mailing Address 3 Girard St				09 11 2014 Amount
ŀ	City State	,	Zip Code		0.90
	Ft Smith AR		72901		Transaction ID : 8c3ebcad-90f5-4d39-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Suppo	ort Offi	ice Sought: House District: 00
-	Mr. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14	Disl 201	bursement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures			·····• >	20.90
((b) SUBTOTAL of Unitemized Independent Expenditures			······	
((c) TOTAL Independent Expenditures			······ >	
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or account committee) any political party committee or its agent.				
		[Electron	nically Filed]	Date	09 13 2014
	Signature				

Schedule E)	ENDENT EXTEND	101120		PAGE 22 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hou	ur report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Lucas H Hoyle			09	11 2014
Mailing Address 282 Falls Ave			Amount	
City	State	Zip Code		30.00
Granite Falls	NC	28630		n ID: f37345fa-9aa9-4401-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	99438.29	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee Lucas H Hoyle			M = M	plic Distribution/Dissemination
Mailing Address 282 Falls Ave			09 Amount	11 2014
City	State	Zip Code		14.40
Granite Falls	NC	28630	Transaction Date of Dis	ID: c131b01c-597e-423c-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independen	nt Expenditures		•	44.40
(b) SUBTOTAL of Unitemized Independent	dent Expenditures			
				7 7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that t with, or at the request or suggestion of party committee) any political party com	, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		2014
Signature		_		

Scł	hedule E)	./(1 = 1 + 1 = 1	101120				PAGE 23 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ock if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	= M /	D = D / Y = Y = Y
T	Full Name of Payee Brooke A Gilham					of Public	Distribution/Dissemination
	Mailing Address 168 Graduate Lane Apt 324				Amou	09	11 2014
-	01.	-1-	Zin Cada			•	90.00
	•	ate NC	Zip Code 28607				80.00 D : ae501e5c-3523-4b70-a presement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	11 2014
F	Name of Federal Candidate		Su	pport	Office Sough	t:	House District: 00
	Ms. Kay Hagan			ppose	Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	299438.29		Disbursemen 2014 C	t For: ther (sp	Primary ☐ General ecify) ►
	Full Name of Payee Brooke A Gilham Mailing Address 168 Graduate Lane Apt 324					of Public	Distribution/Dissemination
					Amou	nt	
	,	tate NC	Zip Code 28607		Transa Date	of Disbu	36.90 D: bc815a97-db08-4e86-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Su	upport	Office Sough	nt:	House District:00
	Ms. Kay Hagan		X Op		Presid	ent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		299438.29		Disbursemer 2014		Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures				•		116.90
(I	b) SUBTOTAL of Unitemized Independent Expenditures	i				1-4-	
(0	c) TOTAL Independent Expenditures				· [-7-	
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	13	2014
	Signature						

Schedule E)	PENT EXTEND	TIONES	<u> </u>	PAGE 24 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	:00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Morgan E Hallenbeck				Distribution/Dissemination
Mailing Address 3790 Christian Light Rd			09	11 2014
or so official Light Na			Amount	
City	State	Zip Code		60.00
Fuquay Varina	NC	27526		9 : 4c34f7bc-2b64-425b-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Morgan E Hallenbeck			09	11 / 2014
Mailing Address 3790 Christian Light Rd			Amount	
City	State	Zip Code		19.20
Fuquay Varina	NC	27526		: a43311e3-b525-4f2a-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,-,-	299438.29	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	iditures			79.20
			7	
(b) SUBTOTAL of Unitermized Independent Exp	enditures)	
(c) TOTAL Independent Expenditures)	45-1-45-1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 13	2014
5.g.ia.a.o				

Schedule E)	JENT EXICITE	TIONES	PAGE 25 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	60.00
Lenoir	NC	28645	Transaction ID: 89edc167-c3f2-4082-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	299438.29	Disbursement For: Primary
Full Name of Payee	·		Date of Public Distribution/Dissemination
Parker H Morrow			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street			Amount
City	State	Zip Code	60.00
Searcy	AR	72143	Transaction ID : 7d3bdf93-99c1-4e00-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 120.00
//s) CURTOTAL of Unitersized Independent Fun			
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		· •
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.3			

Schedule	E)	1 - /// -//-			PAGE 26 OF 80 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	ne of Payee er H Morrow				of Public Distribution/Dissemination
Mailing A	Address 506 N Horton Street			Amou	09 11 2014
				711100	
City		State	Zip Code		33.30
Searcy		AR	72143		action ID: b75a0d47-bb14-42b8-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		09 11 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mar	k L Pryor		X Oppose	Preside	A.D.
	endar Year-To-Date Election for Office Sought	7	88575.14	Disbursemen 2014 O	t For: Primary X General
Full Nar	ne of Payee			<u> </u>	of Public Distribution/Dissemination
Adam	n Rock			N.	09 11 2014
Mailing	Address 307 Farris Rd Apt 1			Amou	
l				Alliou	
City		State	Zip Code		50.00
Conwa		AR	72034	Transa Date	action ID: 8b716666-749e-426b-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		09 / 11 / 2014
Name o	f Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mar	k L Pryor		X Oppose	Preside	ent Senate State: AR
	endar Year-To-Date r Election for Office Sought	, , ,	88575.14	Disbursemer 2014	nt For: Primary
(a) SUBT	FOTAL of Itemized Independent Expenditure	∋s		•	83.30
(b) SUB	FOTAL of Unitemized Independent Expendit	tures		•	
(c) TOTA	L Independent Expenditures			•	7 1 7 1 7
with, or a	nalty of perjury I certify that the independent the request or suggestion of, any candidate in the any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	13 2014
Signat	ure				

Schedule E)	TOE! ENDEN! EXI END	71101120		PAGE 27 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 4	8-hour report New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
	o nour report	,		
Full Name of Payee Adam Rock			Date of Public	Distribution/Dissemination
Mailing Address 307 Farris Rd Ap			Amount	
City	State	Zip Code		11.10
Conway	AR	72034		D: b2c29b52-9517-4a65-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht	88575.14	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee Cecilla A Rebrick			M = M /	Distribution/Dissemination
Mailing Address 5003 Allison L	ane		09 Amount	11 2014
City	State	Zip Code		20.00
Ft. Smith	AR	72901	Transaction ID Date of Disbu	25.60 2: 6a948433-6101-4aed-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht	88575.14	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent	endent Expenditures		•	31.10
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		·	4
(c) TOTAL Independent Expenditu	ıres		•	7 1 7
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	09 / 13	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	IN EXILITE	ATOTILO	PAGE 28 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cecilla A Rebrick			09
Mailing Address 5003 Allison Lane			Amount
City	State	Zip Code	1.20
Ft. Smith	AR	72901	Transaction ID : 1e0188a7-d04c-4080-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	88575.14	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			09 11 2014
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	25.00
Lenoir	NC	28645	Transaction ID : f7dc88d4-df88-46b9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		26.20
(a)			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 13 7 2014
-			

Sch	nedule E)	PAGE 29 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
_	Full Name of Pours	
	Full Name of Payee Sharon t Craig	Date of Public Distribution/Dissemination M 09 11 2014
	Mailing Address 1410 Bushville Dr	Amount
-	City State Zip Code	9.00
	Lenoir NC 28645	Transaction ID: a8f3873a-9866-4346-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 11 / 2014
Ī	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 299438.29	ursement For: Primary X General Other (specify) ▶
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
1	Mattie Harris	09 11 2014
ŀ	Mailing Address 3654 Tara St	03 11 2014
1		Amount
ŀ	City State Zip Code	30.00
	springdale AR 72762	Transaction ID: c96d2f45-03f7-4357-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary X General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	39.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	9 13 2014
	Signature	

Schedule E)	VI EXI END	TIONES	PAGE 30 OF 80 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC				
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on M M / D D / Y Y Y Y		
Full Name of Payee			Date of Public Distribution/Dissemination		
Hannah E Baker			09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 5307 South State Road 135			Amount		
City	State	Zip Code	30.00		
Morgantown	IN	46160	Transaction ID: 1d8d855f-3a9a-4b65-9 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	88575.14	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Hannah E Baker			09 11 2014		
Mailing Address 5307 South State Road 135			Amount		
City	State	Zip Code	37.20		
Morgantown	IN	46160	Transaction ID : f2d8bade-212b-41b3-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	, , ,	88575.14	Disbursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶ 67.20		
(b) SUBTOTAL of Unitemized Independent Expend	itures		·· •		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 13 2014		
-					

	udic L)			FOR SE OF FOR	RM 24/48
	OF COMMITTEE (In Full)			FEC IDENTIFICATION N	UMBER ▼
vvor	nen Speak Out PAC			C C00530766	
Check	if 24-hour report X 48-hour report New rep	oort Amends r	report filed	on M=M / D=D / Y=	Y Y Y Y
	Name of Payee			Date of Public Distribution/Disse	emination
	harity A Carr			M M / D D / Y	2014
Ma	illing Address 13827 S E 44th St			Amount	
Cit	y State	Zip Code			30.00
	noctaw OK	73020		Transaction ID : d844c751-5c5 Date of Disbursement or Obliga	7-47b0-a
	rpose of Expenditure alary	Category/ Type	001		2014
Na	me of Federal Candidate	Suppor	rt Office	Sought: House Distri	ct: 00
Мі	r. Mark L Pryor	X Oppose			te: AR
	Calendar Year-To-Date	88575.14	Disbui 2014	sement For: Primary	K General
\perp	Per Election for Office Sought	000.0		Other (specify) ►	
	II Name of Payee imothy Foley			Date of Public Distribution/Disse	emination
Ma	ailing Address 20679 Glenbrook Terrace			09 11	2014
	20073 GIERBROOK TERRACE			Amount	
Cit	y State	Zip Code			30.00
S	terling VA	20165		Fransaction ID : afe4e177-5499-Date of Disbursement or Obliga	- 4b37-9 ation
	rpose of Expenditure alary	Category/ Type 0	001	09 11	2014
Na	me of Federal Candidate	Suppor	rt Office	Sought: House Distr	ct: 00
M	s. Kay Hagan	X Oppose		President X Senate Sta	te: NC
	Calendar Year-To-Date Per Election for Office Sought	299438.29	Disbu 2014	sement For: Primary Other (specify) ▶	K General
(a)	SUBTOTAL of Itemized Independent Expenditures		······ •	Catal (opening)	60.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		······ >	7 7	
(c)	TOTAL Independent Expenditures		······ >	1 7 1 7	-
with	er penalty of perjury I certify that the independent expenditures, or at the request or suggestion of, any candidate or authorized y committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electron	nically Filed]	Date 09		Y
	Signature				
					,

PAGE 31

OF

Schedule E)	VI EXI END	HONLO	PAG FOR	E 32 OF 80 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Nick Berryhill				11 2014
Mailing Address 905 Lake Drive			Amount	
City	State	Zip Code		70.00
Shelby	NC	28152	Transaction ID : ca	ab38126-eb57-456a-8 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose		nate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	299438.29	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee	_		Date of Public Dist	ribution/Dissemination
Nick Berryhill				11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 905 Lake Drive			Amount	
City	State	Zip Code		7.50
Shelby	NC	28152	Transaction ID : a1	
Purpose of Expenditure Mileage		Category/ Type 002	M = M / D	11 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District:00
Ms. Kay Hagan		X Oppose	President X Se	enate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	299438.29	Disbursement For: 2014 Other (specify)	Primary General •
(a) SUPTOTAL of Itamized Independent Expanditu	roo			77.50
(a) SUBTOTAL of Itemized Independent Expenditu	res		-	77.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D /	2014
-				

Schedule E)	PAGE 33 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fi	Silod on
	iled on
Full Name of Payee Shantal C Culbreath	Date of Public Distribution/Dissemination 09 11 2014
Mailing Address 4691 Hercules Lane	Amount
City State Zip Code	80.00
Woodbridge VA 22193	Transaction ID : 79f71b43-92ce-4bb3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calcilaal Ical Ic Date	isbursement For: Primary
Full Name of Payee Bradley K Kissinger	Date of Public Distribution/Dissemination 09 09 09 09 09
Mailing Address 3113 Imperial Valley Dr.	Amount
City State Zip Code	40.00
Little Rock AR 72212	Transaction ID : 98439686-49f7-4ccb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate Support O	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 13 2014
Signature	

Schedule E)		\					PAGE 34 FOR SE OF I	OF 80 FORM 24/48
NAME OF COMMITTEE (In Full)						FEC ID	DENTIFICATIO	
Women Speak Out Pa	₹C						C00530766	
Check if 24-hour report	X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D D /	Y
Full Name of Payee	_				Da	ate of Public	c Distribution/D	Dissemination
Bradley K Kissinge						09	11	2014
Mailing Address 3113 Imper	íal Valley Dr.				Aı	mount		
City	State	 te	Zip Code					16.50
Little Rock	AR		72212				ID: b92af696-0	
Purpose of Expenditure Mileage			Category/ Type	002		09	11	2014
Name of Federal Candidate			<u>' </u>	Support	Office Sc	ought:	House D	District: 00
Mr. Mark L Pryor				Oppose			X Senate	State: AR
Calendar Year-To-Date Per Election for Office S	Sought		88575.14		Disburse 2014	ment For: Other (sp	Primary Decify) ►	X General
Full Name of Payee					D	ate of Publi	c Distribution/D	Dissemination
Lee R Carter						M M M	/ D D /	2014
Mailing Address 3110 Bre	entwood Rd						السا	2011
					A	mount		
City	Stat	te	Zip Code					105.00
Raleigh	NC)	27604				D: 6529427d-0 ursement or Ol	
Purpose of Expenditure Salary			Category/ Type	001		09	11	2014
Name of Federal Candidate				Support	Office So	ought:	House D	District: 00
Ms. Kay Hagan			X	Oppose	Pro	esident	Senate	State: NC
Calendar Year-To-Date Per Election for Office	Sought		299438.2	.9	Disburse 2014	ment For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized In	ndependent Expenditures				· •	7		121.50
(b) SUBTOTAL of Unitemized	Independent Expenditures							
(c) TOTAL Independent Expe	enditures				•	1 1 7	1 1 7	
Under penalty of perjury I ce with, or at the request or sug party committee) any political	gestion of, any candidate or	authorized						
Ms. Emily Buchan	an	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 13	/ Y Y 2014	
Signature			_	2410				

Schedule E)	I EXI END	II OILEO		PAGE 35 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Lee R Carter			M M M 09	/ Dar D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		18.90
Raleigh	NC	27604		on ID: 00e4e5f6-03ba-4838-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	299438.29	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Ashley n Thompson Mailing Address 272 Westgate Ct Apt 6			Date of Pu	ublic Distribution/Dissemination
City	State	Zip Code		3.70
Lexington	NC	27295	Transaction Date of Di	n ID : d05d04a5-d409-4b9b-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	299438.29	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	}S		·	22.60
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7
(c) TOTAL Independent Expenditures		<u> </u>	·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D 1	
Signature				

Schedule E)	IDENT EXTEND	ITOTILO	PAGE 36 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ashley n Thompson			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6			Amount
City	State	Zip Code	2.10
Lexington	NC	27295	Transaction ID: 68bc834c-e272-4a77-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	299438.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	60.00
Ville Platte	LA	70586	Transaction ID : 21f8c871-0a39-47f0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		62.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· •
(c) TOTAL Independent Expenditures			·
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sch	edule E)	EXI ENDI	101120				PAGE 37 OF 80 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
	V V		. 🗆 .			- M /	D D / Y Y Y Y
Chec		New repo	ort Ameno	ds repo	rt filed on		
F	Full Name of Payee Christopher Marquess					of Public	Distribution/Dissemination
N	Mailing Address 110 W Pecan St				Amou		
	Dity	State	Zip Code		- [39.60
- 1	Ville Platte	LA	70586				D: 81ed34dd-8a9f-4f0a-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	11 / 2014
١	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu		X Opp	oose	Preside	ent \(\)	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	15236.30		Disbursement 2014 O	t For: ther (sp	Primary
	Full Name of Payee				Date	of Public	c Distribution/Dissemination
Т	Marysol Netro					09	11 2014
1	Mailing Address 312 S Gunter St						
Т					Amou	int	
	City	State	Zip Code				10.00
_	Siloam Springs	AR	72761		Transa Date	of Disbu	D: c8b69006-d823-4062-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	11 / 2014
1	Name of Federal Candidate		Sup	port	Office Sough	nt:	House District: 00
L	Mr. Mark L Pryor		X Opp	oose	Presid	ent >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14		Disbursemer 2014 C		Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				•		49.60
(b) SUBTOTAL of Unitemized Independent Expenditure	res			•		
(с) TOTAL Independent Expenditures				· [-7	
wi	nder penalty of perjury I certify that the independen th, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	09 /	13	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	IN EXILIN	ON ONES	PAGE 38 OF 80 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Marysol Netro			09 / 11 / 2014		
Mailing Address 312 S Gunter St			Amount		
City	State	Zip Code	14.40		
Siloam Springs	AR	72761	Transaction ID : ac4b7f40-1f74-42da-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09 / 11 / 2014		
Name of Federal Candidate		Support	Office Sought: House District:00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Hope Benner			09 / 11 / 2014		
Mailing Address 2073 A Clover Ave			Amount		
City	State	Zip Code	10.00		
Springdale	AR	72764	Transaction ID : c5889c6d-41a9-4411-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	-,,	88575.14	Disbursement For: Primary General 2014 General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expendit	ures		24.40		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 13 7 2014		
3.g 					

Schedule E)	T EXI END	TIONES	PAG FOF	iE 39 OF 80 R SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENT	FICATION NUMBER ▼	
Women Speak Out PAC			C C005	30766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y	
Full Name of Payee			Date of Public Dist	ribution/Dissemination	
Hope Benner				11 2014	
Mailing Address 2073 A Clover Ave			Amount		
City	State	Zip Code		0.51	
Springdale	AR	72764	Transaction ID : 28 Date of Disbursem	Bb00952-821b-494d-a ent or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		11 / 2014	
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00	
Mr. Mark L Pryor		Oppose		enate State: AR	
Calendar Year-To-Date Per Election for Office Sought	7 7	88575.14	Disbursement For: 2014 Other (specify)	Primary General	
Full Name of Payee	_		Date of Public Dist	tribution/Dissemination	
Patrice Wolfe			M M / D	11 2014	
Mailing Address 9909 Treasure Hill Rd			Amount		
City	State	Zip Code		30.00	
Little Rock	AR	72205	Transaction ID : 11 Date of Disbursem		
Purpose of Expenditure Salary		Category/ Type 001		11 2014	
Name of Federal Candidate		Support	Office Sought:	ouse District:00	
Mr. Mark L Pryor		X Oppose	President X Se		
Calendar Year-To-Date Per Election for Office Sought	, , , ,	88575.14	Disbursement For: 2014 Other (specify)	Primary X General ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	'es			30.51	
,			7	4	
(b) SUBTOTAL of Unitemized Independent Expend	itures		>	45	
(c) TOTAL Independent Expenditures			·		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / 13	2014	

Scl	hedule E)		101120				PAGE 40 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	nends repo	ort filed on	M M /	D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Patrice Wolfe					M 9 /	11 2014
	Mailing Address 9909 Treasure Hill Rd				Amo	unt	
ŀ	City Si	State	Zip Code				18.00
			72205				ID: 6c867000-3ed9-459a-a ursement or Obligation
Ī	Purpose of Expenditure Mileage	1	Category/ Type			M M M 09	11 Y 2014
1	Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14		Disburseme 2014	nt For: Other (sp	Primary
ľ	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Michael Chinchar					M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 2730 Dave Ward Dr				I	09	11 2014
	2.00 54.0				Amo	unt	
ŀ	City	State	Zip Code				50.00
		AR	72034		Trans Date	action II	D: 75050bdf-d969-4dad-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type		$\exists \mid [$	^M 09	11 2014
	Name of Federal Candidate			Support	Office Soug	ght:	House District:00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.1	4	Disburseme 2014	ent For: Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				· -	7	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures	s			· • [1 7	
(c) TOTAL Independent Expenditures				•		
W	Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate control committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 09	13	/ Y = Y = Y = Y = 2014
	Signature		_	Date		- 1	

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	e of Public Distribution/Dissemination
Michael Chinchar		09
Mailing Address 2730 Dave Ward Dr	Amo	ount
City Sta	ite Zip Code	12.00
Conway		nsaction ID : c1510d68-5312-4a61-b e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	Oppose Presi	ident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	88575.14 Disburseme	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Matt M Clarke Mailing Address 1254 Fleming St Apt 6		e of Public Distribution/Dissemination 09 11 2014 ount
City Sta	ate Zip Code	15.00
Conway	R 72032 Tran	saction ID : edae79d4-944a-4b83-a e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	88575.14 Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · ·	27.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· _	7 1 7 1 5
(c) TOTAL Independent Expenditures	······	7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, or (
Ms. Emily Buchanan	[Electronically Filed] Date 09	13 2014
Signature		

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OF

Schedule E)					PAGE 42 OF 80 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if 24-hou	ur report X 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Pa				Date o	f Public Distribution/Dissemination
Matt M Cla					09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	1254 Fleming St Apt 6			Amour	t
City		State	Zip Code		11.40
Conway		AR	72032		action ID : e546b5c4-1164-4c8e-9 f Disbursement or Obligation
Purpose of Expo Mileage	enditure		Category/ Type 002	М	09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federa	al Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryo	or		Oppose	Preside	
Calendar Y Per Electio	ear-To-Date n for Office Sought		88575.14	Disbursement 2014 Ot	For: Primary X General
Full Name of Pa Sandra L C					of Public Distribution/Dissemination
Mailing Address	1254 Fleming St Apt 6				09 11 2014
City		State	Zip Code		15.00
Conway		AR	72032	Transac Date o	ction ID: 97a2d624-6208-49f9-8 of Disbursement or Obligation
Purpose of Exp Salary	enditure		Category/ Type 001	M	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federa	al Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryc	or .		X Oppose	Preside	nt Senate State: AR
	ear-To-Date n for Office Sought		88575.14	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of	of Itemized Independent E	xpenditures		. •	26.40
(b) SUBTOTAL of	of Unitemized Independent	t Expenditures		•	4 4 4
(c) TOTAL Indep	pendent Expenditures			•	7
with, or at the re-		ny candidate or authorized			coperation, consultation, or concert he reporting entity is not a political
Ms.	Emily Buchanan	[Electron	ically Filed] Date	M M M /	13 2014
Signature			_		

ScI	hedule E)	L. 140.	1101120			PAGE 43 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Che	ck if 24-hour report X 48-hour report N	lew repo	port Amends repo	rt filed on	M = M /	D D / Y Y Y Y Y
Т	Full Name of Payee			Dat	- of Public I	Distribution/Dissemination
	Brenda L McCune			Dai	e of Public L	Distribution/Dissemination 11 2014
	Mailing Address 1254 Fleming St Apt 6			Am	ount	
ŀ	City State		Zip Code			42.00
	Conway AR		72032			: 88885c94-a694-47d3-8 ement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09	11 / 2014
t	Name of Federal Candidate		Support	Office Sou	aht:	House District: 00
	Mr. Mark L Pryor		X Oppose		ident X	
	Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursem 2014	ent For:	Primary
	Full Name of Payee Brenda L McCune			Dat	e of Public I	Distribution/Dissemination
-	Mailing Address 1254 Fleming St Apt 6				09	11 2014
				Am	ount	
ľ	City State		Zip Code			24.90
	Conway AR		72032	Tran Dat	saction ID: e of Disburs	27d08593-32ed-4719-8 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09	11 / 2014
ľ	Name of Federal Candidate		Support	Office Sou	ight:	House District: 00
	Mr. Mark L Pryor		Oppose		sident X	
	Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursem 2014	ent For: Other (spec	Primary
(:	a) SUBTOTAL of Itemized Independent Expenditures					66.90
,	1) SUBTOTAL OF REHIELDS INDEPENDENT EXPONDING CO			• _		00.50
(1	b) SUBTOTAL of Unitemized Independent Expenditures			•	4	7
(0	c) TOTAL Independent Expenditures			•	-7	7
W	Inder penalty of perjury I certify that the independent expen vith, or at the request or suggestion of, any candidate or aut arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan	Electron	nically Filed] Date	M M M M M M M M M M M M M M M M M M M	13	/ Y Y Y Y Y Y Y 2014
	Signature		_			

Sch	nedule E)				PAGE 44 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C00530766
			М	M /	D D / Y Y Y Y
Chec	ck if 24-hour report X 48-hour report New report Amer	nds repo	rt filed on		
	Full Name of Payee Ms. Tonya Boyd				Distribution/Dissemination
	Mailing Address 2357 Fancy Cap Rd		lvs	09 /	11 2014
	2357 Failty Cap Ru		Amou	nt	
	City State Zip Code				95.00
	Mt. Airy NC 27030				D: 02910ce6-44ab-4a37-a rsement or Obligation
	Purpose of Expenditure Salary Category/ Type	001		09 /	11 / 2014
I	Name of Federal Candidate	upport	Office Sough	t:	House District: 00
	Ma Marillana	ppose	Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 299438.29		Disbursemen 2014 O	t For:	Primary
-	Full Name of Payee				Distribution/Dissemination
	Ms. Tonya Boyd			- M /	D D / Y Y Y Y
	Mailing Address 2357 Fancy Cap Rd		L	09	11 2014
	Mailing Address 2357 Fancy Cap Rd		Amou	nt	
	City State Zip Code				38.40
	Mt. Airy NC 27030		Transa Date	ction ID	: 70318214-c24a-4586-8 irsement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002		09	11 / 2014
1	Name of Federal Candidate Su	upport	Office Sough	t:	House District:00
	Ms. Kay Hagan Op	ppose	Preside	ent >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 299438.29	\square _	Disbursemen 2014 O		Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	7	133.40
(b	b) SUBTOTAL of Unitemized Independent Expenditures		•	1.7	
(c	c) TOTAL Independent Expenditures		_	-	
(0	;) TOTAL Independent Expenditures		· •	1 7	4
wi	Inder penalty of perjury I certify that the independent expenditures reported here rith, or at the request or suggestion of, any candidate or authorized committee or arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed]	Date	09	13	/ Y Y Y Y Y Y Y Z014
	Signature			-	

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Kaitlyn B Allen	09 / 11 / 2014
Mailing Address 2121 Daniel Dr	Amount
City State	Zip Code 70.00
Searcy AR	72143 Transaction ID : bd9f50e9-46a5-45bc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 11 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Kaitlyn B Allen	Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr	Amount
City State	Zip Code 55.83
Searcy AR	72143 Transaction ID : 3951015f-aac0-4b1d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 11 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	125.83
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 09 13 2014
Signature	

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OF

Schedule E)				PAGE 46 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour i	report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Data of Rub	lic Distribution/Dissemination
Jeanne Tribou			Date of Pub	/ Darb / Yayayaya
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		50.00
Mandeville	LA	70471		ID : afaa3119-bffd-46bc-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	115236.30	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Jeanne Tribou			M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			09	11 2014
			Amount	
City	State	Zip Code		7.20
Mandeville	LA	70471	Transaction Date of Dis	ID: 950dccb3-cf30-496b-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	11 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent I	Expenditures		>	57.20
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		· •	
(c) TOTAL Independent Expenditures			>	4 1 4
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		2014
Signature		_		

Schedule E)	DENT EXTENS	1101120		PAGE 47 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour repo	ort New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Mattie F Grant			09	11 2014
Mailing Address 1700 N Hughes St Apt 17			Amount	
City	State	Zip Code		60.00
Little Rock	AR	72207		ID: b630910d-3979-4a13-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 ^M	11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Chris D King			M = M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1700 N Hughes St Apt 17				11 2011
			Amount	
City	State	Zip Code		60.00
Little Rock	AR	72207	Transaction Date of Disk	ID: 437d83e4-627d-4219-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	enditures		· >	120.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 13	2014
Signature				

S	chedule E)	I EXI END	TOTILO		PAGE 48 OF 80 FOR SE OF FORM 24/48	
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
۷	Vomen Speak Out PAC				C C00530766	
Ch	neck if 24-hour report X 48-hour report	New repo	ort Amends	report file	d on M = M / D = D / Y = Y = Y	
	Full Name of Payee Shelbi L Randall				Date of Public Distribution/Dissemination	
	Mailing Address 202 East Park Ave Apt 40				09 11 2014 Amount	
	City Searcy	State AR	Zip Code 72143		30.00 Transaction ID : 69fc3eeb-31e9-44a0-a	
	Purpose of Expenditure Salary		Category/	001	Date of Disbursement or Obligation	
	Galaty		Type	001	09 11 2014	
	Name of Federal Candidate		Suppo	rt Offic	e Sought: House District: 00	
	Mr. Mark L Pryor		X Oppos	se	President Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	88575.14	Disb 2014	ursement For: Primary	
	Full Name of Payee				Date of Public Distribution/Dissemination	
	Marion Anderson				09 11 2014	
	Mailing Address 607 Chickadee St Apt 8				Amount	
	City	State	Zip Code		60.00	
	Little Rock	AR	72204		Transaction ID : 6bbd8c5b-0b5d-4a9b-b Date of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type	001	09 / 11 / 2014	
	Name of Federal Candidate		Suppo	ort Offic	ee Sought: House District: 00	
	Mr. Mark L Pryor		X Oppos	se	President State: AR State:	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	88575.14	Disk 201	oursement For: Primary General Other (specify)	
				'		
	(a) SUBTOTAL of Itemized Independent Expenditure	S			90.00	
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		······ >		
	(c) TOTAL Independent Expenditures			······ >		
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Ms. Emily Buchanan Signature	[Electron	ically Filed]		09 / 13 / 2014	
	-					

Schedule E)	ZIVI ZXI ZIVI	ON ONES	PAGE 49 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Marion Anderson			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 607 Chickadee St Apt 8			Amount
City	State	Zip Code	42.00
Little Rock	AR	72204	Transaction ID : aa200c53-9127-4ba4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			09 11 2014
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	45.00
Searcy	AR	72149	Transaction ID: 44fa6bb9-bf29-459e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. ▶ 87.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
			7 7
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 13 2014
-			

Sch	nedule E)		. 101.20				PAGE 50 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Ar	mends repo	ort filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Jeffrey Hampton				Dat	e of Public	c Distribution/Dissemination
	Mailing Address 1700 E Part Ave				Am	09 ount	11 2014
			- O. I.				04.05
- 1	-	State AR	Zip Code 72149				34.35 ID: 757dbcc5-fbe6-4852-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			09 09	11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
h	Name of Federal Candidate			Support	Office Sou	ıaht:	House District:00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee Mr. Roger McKinney Mailing Address 308 West Main Street					te of Publi	c Distribution/Dissemination
-	City	State	Zip Code				65.00
		NC	27041		Trar Da	saction II te of Disbu	D: bae79117-2938-42dc-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09	11 2014
Ī	Name of Federal Candidate			Support	Office Sou	ıght:	House District:00
	Ms. Kay Hagan		\times	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		299438.2	29	Disbursem 2014	nent For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures					——————————————————————————————————————	99.35
(k	b) SUBTOTAL of Unitemized Independent Expenditure	÷s			•		1 1 7 1 1 7 1
(0	c) TOTAL Independent Expenditures	<u> </u>			· •		117117
W	Inder penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate arty committee) any political party committee or its ago	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 13	2014
	Signature						

Schedule E)	DITOTIES	PAGE 51 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report fil	led on M M / D D / Y Y Y Y Y
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination
		09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street		Amount
City State	Zip Code	24.60
Pilot Mountian NC	27041	Transaction ID: 324d6993-feb4-462e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose [President State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Glenda McKinney		09 11 2014
Mailing Address 308 West Main Street		Amount
City State	Zip Code	65.00
Plot Mountain NC	27041	Transaction ID: d51ad59e-4b58-47d1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 11 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		89.60
,	,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic Signature]	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-		

Sc	hedule E)	L/II LITE.	101120				PAGE 52 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort An	mends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee Lourdes Lopez					of Public	c Distribution/Dissemination
ŀ	Mailing Address 2936 Brushwood Ave				Amo	09	11 2014
	O.i C	\	7:- Codo				10.00
	- 7	State AR	Zip Code 72764				10.00 ID: e6018085-f862-437b-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate			Support	Office Soug	ıht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee Lourdes Lopez				Date	of Publi	c Distribution/Dissemination
ľ	Mailing Address 2936 Brushwood Ave				Amo		
ŀ	City	State	Zip Code				3.00
		AR	72764		Trans Date	saction II	D: 1c6f046d-aa9e-4e55-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type		$\Box \mid \Box$	09	11
	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.1	14	Disburseme 2014	ent For: Other (sp	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures				· -		13.00
((b) SUBTOTAL of Unitemized Independent Expenditures	:S			- - [
((c) TOTAL Independent Expenditures				· [
٧	Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	13	2014
	Signature						

Sc	hedule E)			PAGE 53 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends repo	ort filed on	= M / D = D / Y = Y = Y
Т	Full Name of Payee		Date of	of Public Distribution/Dissemination
	Andrea L Hammond		М	09 11 2014
	Mailing Address 12920 Kneeland Ln		Amour	nt
ŀ	City State Zip Co	ode		80.00
	Neosho MO 64850			action ID: 667f1a97-0206-4e12-b of Disbursement or Obligation
Ī	Purpose of Expenditure Salary Cate	gory/ Type 001		09 / D D / 2014
ŀ	Name of Federal Candidate	Support	Office Sought	t: House District: 00
	Mr. Mark L Pryor	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought 88575.	14	Disbursement 2014 Of	t For: Primary X General
ı	Full Name of Payee		Date of	of Public Distribution/Dissemination
1	Andrea L Hammond		I M	M / D D / Y Y Y Y
-	Mailing Address 12920 Kneeland Ln			09 11 2014
	12020 Milosiana 2n		Amou	nt
ľ	City State Zip Co	ode		44.10
	Neosho MO 64850	0	Transa Date o	ction ID: 7c91acde-03c6-41d8-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage Cate	gory/ Type 002	M	09 / D D / Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sough	t: House District: 00
	Mr. Mark L Pryor	X Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 888	575.14	Disbursemen 2014 O	t For:
((a) SUBTOTAL of Itemized Independent Expenditures		▶	124.10
((b) SUBTOTAL of Unitemized Independent Expenditures		· •	
((c) TOTAL Independent Expenditures			7
٧	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized common party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically For	iled] Date	e 09	13 2014
	Signature			

Sche	edule E)	L /(1 L /(2)	1101120		PAGE 54 OF 80 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ıll Name of Payee			Date c	of Public Distribution/Dissemination
	.aura U Logie				09
Ma	ailing Address 2565 Shire Circle			Amour	nt
Ci	tv	State	Zip Code		20.00
	larrisonburg	VA	22801		action ID : 49436087-ac75-4fff-a of Disbursement or Obligation
	urpose of Expenditure alary		Category/ Type 001	M	09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sought	t: House District:00
М	ls. Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	2	299438.29	Disbursement 2014 Ot	t For: Primary
	ull Name of Payee			Date of	of Public Distribution/Dissemination
	Francis Richardson				09 11 2014
Ma	ailing Address 220 Doucet Rd				
				Amour	nt
Ci	ty	State	Zip Code		20.00
	afayette	LA	70503	Transa Date of	ction ID: 437ac0f2-cdd7-4330-b f Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	M	09 / D D / Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	ls. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	š		•	40.00
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires		· •	
(c)	TOTAL Independent Expenditures			· •	7 7 7
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	13 2014
	Signature		_		

Scł	nedule E)			PAGE 55 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	ck if 24-hour report X 48-hour report New report	Amends rep	ort filed on	I = M / D = D / Y = Y = Y
_		, anondo rop	ort med on	
	Full Name of Payee Francis Richardson			of Public Distribution/Dissemination
	Mailing Address 220 Doucet Rd		Amou	int
H	City State Zip Code		— II.	2.22
	Lafayette LA 70503			saction ID: d31351a1-743c-4d6a-b of Disbursement or Obligation
ı	Purpose of Expenditure Mileage Categor Ty			09 / 11 / 2014
ı	Name of Federal Candidate	Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought 115236.30		Disbursemen 2014 O	nt For:
Γ	Full Name of Payee		Date	of Public Distribution/Dissemination
	Douglas A Nystrom		TV	09 11 2014
ŀ	Mailing Address 2000 W University St			2514
	,		Amou	ınt
ŀ	City State Zip Code	9		50.00
	Siloam Springs AR 72761		Transa Date	action ID: 9d33496e-39ab-4517-8 of Disbursement or Obligation
	Purpose of Expenditure Salary Categor Ty		N	09 / 11 / 2014
T	Name of Federal Candidate	Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought 88579	5.14	Disbursemen 2014	nt For:
(8	a) SUBTOTAL of Itemized Independent Expenditures		>	52.22
(l	b) SUBTOTAL of Unitemized Independent Expenditures		··· >	1 4 1 1 4 1 1 4 1
(0	c) TOTAL Independent Expenditures		· ·	
W	Inder penalty of perjury I certify that the independent expenditures reported vith, or at the request or suggestion of, any candidate or authorized committee arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed	d] Date	e 09	13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

Schedule E)	PAGE 56 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends repo	rt filed on
Full Name of Payee Trent Minner	Date of Public Distribution/Dissemination
Mailing Address 2000 W University St	09 11 2014 Amount
City State Zip Code	50.00
Siloam Springs AR 72761	Transaction ID : 2c7fb4f4-7e53-425a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 88575.14	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee Trent Minner	Date of Public Distribution/Dissemination
Mailing Address 2000 W University St	09 11 2014 Amount
City State Zip Code	30.48
Siloam Springs AR 72761	Transaction ID : 5a3a9848-c3e6-406e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	80.48
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	VI =/(. =.(.)	1101120		PAGE 57 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee James W Blevins			Date of Public	c Distribution/Dissemination
Mailing Address 108 East Clinton St			09	11 2014
PO Box 410			Amount	
City	State	Zip Code		27.50
Salemburg	NC	28385		ID: 36b70795-e0ee-4ecb-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee James W Blevins			M = M	c Distribution/Dissemination
Mailing Address 108 East Clinton St			09 Amount	11 2014
PO Box 410			Allount	
City Salemburg	State NC	Zip Code 28385		12.84 D : 328b0472-847f-4e39-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbu	ursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	299438.29	Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires)	40.34
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	1171171
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 / 13	2014
Signature				

Schedule E)	11 EXI EILE.	1101120		PAGE 58 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Vonniqua Jackson			09	
Mailing Address 111 Westchester Blvd Apt D4			Amount	
City	State	Zip Code		40.00
Slidell	LA	70458		on ID : 2fb3adba-4cce-4cbe-a
Purpose of Expenditure Salary		Category/ Type 001	Date of B	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement Fo	or: Primary
Full Name of Payee Amelia Brackett			Date of P	Public Distribution/Dissemination
Mailing Address 804 Roundabout Circle			09	11 2014
604 Roundabout Circle			Amount	
City	State	Zip Code		70.00
Searcy	AR	72143	Transaction Date of D	on ID: 266250dc-9747-400d-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	88575.14	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	res			110.00
(a) 000101111 0. 10011110 1. 10111111 1. 101111111 1. 1011111111				7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. •	7
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		13 2014
Signature				

Schedule E)	EXI EIID			PAGE 59 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Adena V Smith			Date of	Public Distribution/Dissemination
Mailing Address 450 Judson Dr			Amount	
			, unount	
City Wake Forest	State NC	Zip Code 27587	Transac	30.00 tion ID : e04f0961-152d-4905-b
Purpose of Expenditure Salary		Category/		Disbursement or Obligation
,		Type 001		
Name of Federal Candidate Ms. Kay Hagan		Support Oppose	Office Sought:	House District: 00 Senate State NC
Calendar Year-To-Date		Оррозе	President Disbursement F	State.
Per Election for Office Sought		299438.29	2014 —	er (specify)
Full Name of Payee Sandra C Montalbano			M	
Mailing Address 4177 Lowerline St			Amount	9 11 2014
City	State	Zip Code		10.00
Slidell	LA	70461	Transact Date of	ion ID : a8d9d980-72ff-438f-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M OS	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3			40.00
(a) 3051017E of normized independent Experiultures	,			40.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		13 2014
Signature		_		

Schedule E	(i)		1101120		PAGE 60 OF 80 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if 2	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name	of Payee a C Montalbano			Date o	f Public Distribution/Dissemination
					09 11 2014
Walling 7.0	dress 4177 Lowerline St			Amour	nt
City		State	Zip Code		3.30
Slidell		LA	70461		action ID: 045049f6-424a-4fe9-a f Disbursement or Obligation
Purpose o Mileage	f Expenditure		Category/ Type 002		09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sought	: House District:00
Ms. Mary	L Landrieu		Oppose	Preside	
	dar Year-To-Date lection for Office Sought	, , ,	115236.30	Disbursement 2014 Ot	For: Primary
Full Name Ralph	of Payee Smith				of Public Distribution/Dissemination
					09 / 11 / 2014
Mailing Ad	dress 2090 Fancy Gap Rd			Amour	nt
City		State	Zip Code		95.00
Mt. Airy		NC	27030	Transa Date o	ction ID : 3c985b4d-87d4-4843-a of Disbursement or Obligation
Purpose o Salary	f Expenditure		Category/ Type 001	M	09 / 11 / 2014
Name of I	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay ⊦	lagan		Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	17 117	299438.29	Disbursement 2014 Of	t For: Primary X General
(a) SUBTO	TAL of Itemized Independent Expend	litures		•	98.30
(b) SUBTO	TAL of Unitemized Independent Expe	enditures		. —	
(2)	p.	manaroc			4 1 4 1 4
(c) TOTAL	Independent Expenditures			•	7 7 7
with, or at t	Ity of perjury I certify that the independent request or suggestion of, any can ittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	13 2014
Signatur	е				

Schedule E)	PAGE 61 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Ralph Smith	09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	38.40
Mt. Airy NC 27030	Transaction ID : 7ec244b0-617b-4cf9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Me Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 299438.29	ement For:
Full Name of Payee Dwalyn G Johnson	Date of Public Distribution/Dissemination
Mailing Address 1700 N Hughes St Apt 17	09 11 2014 Amount
City Tip Code	00.00
City State Zip Code Little Rock AR 72207	60.00 ransaction ID : a5166752-64b6-4911-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark I. Pryor	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	98.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	13 2014
Signature	

Schedule E)	VI EXI END	II OILO	⊢	PAGE 62 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Dwalyn G Johnson			Date of Public	Distribution/Dissemination
Mailing Address 1700 N Hughes St Apt 17			09 Amount	11 2014
City	Otata	7:n Cada		40.00
City Little Rock	State AR	Zip Code 72207		42.90 9 : 9fd40ec5-76e3-42c1-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	88575.14	Disbursement For: 2014 Other (spe	Primary ⊠ General
Full Name of Payee Benjamin Hernandez			Date of Public	Distribution/Dissemination
Mailing Address 915 E Market Ave			Amount	11 2014
City	State	Zip Code		80.00
Searcy	AR	72149		: 9cb52e66-0e28-4f7e-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	88575.14	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	res		•	122.90
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	75
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 13	2014

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Benjamin Hernandez		09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave	An	nount
City Sta	te Zip Code	86.40
Searcy A		ansaction ID : 8ea89cce-0b1f-42d7-b te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 11 / Y Y Y Y
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	sident State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursen 2014	nent For:
Full Name of Payee	De	ate of Public Distribution/Dissemination
Michael Vidrine		09 11 2014
Mailing Address 1103 West Wilson Street	An	nount
City Sta	ate Zip Code	80.00
Ville Platte L		nsaction ID : ce83cc62-f9db-4a63-a tte of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Mary L Landrieu	Oppose Pre	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	115236.30 Disburser 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	166.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	1 1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	13 2014
Signature		

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OF

Sc	hedule E)		PAGE 64 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends	s report	filed on
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Michael Vidrine		Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street		Amount
ŀ	City State Zip Code		39.30
	Ville Platte LA 70586		Transaction ID : c5071df9-7153-4e37-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	09 / 11 / 2014
ı	Name of Federal Candidate Suppo	ort	Office Sought: House District: 00
	Ms. Mary L Landrieu Oppos	ose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 115236.30		Disbursement For: Primary General General Other (specify) ►
ſ	Full Name of Payee		Date of Public Distribution/Dissemination
1	Brandy Starns		09 11 2014
ľ	Mailing Address 300 Evangeline St		
1			Amount
ŀ	City State Zip Code		50.00
	Monroe LA 71201		Transaction ID: e1a21303-4c63-4093-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	09 / 11 / 2014
ľ	Name of Federal Candidate Suppo	oort	Office Sought: House District:00
	Ms. Mary L Landrieu Oppo	ose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 115236.30		Disbursement For: Primary General 2014 Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		89.30
((b) SUBTOTAL of Unitemized Independent Expenditures		>
((c) TOTAL Independent Expenditures		·
W	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ago party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	09 13 2014
	Signature		

Schedule E)	LIVI EXI END	TTOTILO	PAGE 65 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			09 / 11 / 2014
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	11.40
Monroe	LA	71201	Transaction ID: 451955b1-0198-4169-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 11 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	80.00
High Point	NC	27260	Transaction ID : 333dcbb6-2226-416e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		91.40
,,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 13 / 2014
•			

Sch	nedule E)				AGE 66 OF 80 OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
W	omen Speak Out PAC				0530766
Che	ck if 24-hour report X 48-hour report New report	Amends rep	ort filed on	- M /	D D / Y Y Y Y Y
Т	Full Name of Payee		Date	of Public D	Distribution/Dissemination
	Chris McCoy			09 /	11 / 2014
	Mailing Address 1025 Cayley Ct		Amou	nt	
-	City State Zip Code)			21.90
L	High Point NC 27260				e 49db6a1-66b2-493a-a ement or Obligation
	Purpose of Expenditure Mileage Categor Typ			09 /	11 / 2014
Ī	Name of Federal Candidate	Support	Office Sough	t:	House District: 00
	Ms. Kay Hagan	Oppose	Preside	ent X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 299438.29		Disbursemen 2014	t For: ther (speci	Primary X General
Γ	Full Name of Payee		Date	of Public D	Distribution/Dissemination
1	John P Hilkert			09 /	11 2014
ľ	Mailing Address 7 Bards Lane			الت	
1			Amou	int	
ŀ	City State Zip Code	Э	:		40.00
	Fletcher NC 28732		Transa Date	of Disburse	2174b873-b636-4ca8-9 ement or Obligation
	Purpose of Expenditure Salary Categor Typ			09	11 / 2014
	Name of Federal Candidate	Support	Office Sough	nt:	House District:00
	Ms. Kay Hagan	Oppose	Presid	ent X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 299438	3.29	Disbursemer 2014	nt For:	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures		>	-	61.90
(k	b) SUBTOTAL of Unitemized Independent Expenditures		.	-	1 49- 1 42- 1
(0	C) TOTAL Independent Expenditures			1-7-1	
W	Inder penalty of perjury I certify that the independent expenditures reported rith, or at the request or suggestion of, any candidate or authorized committed arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed	<i>il]</i> Date	e 09	13	2014
	Signature				

Schedule E)	IDENT EX ELLS.			PAGE 67 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				/ D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	ort X New repo	ort Amends repo	ort filed on	
Full Name of Payee John P Hilkert			Date of Pub	lic Distribution/Dissemination
Mailing Address 7 Bards Lane			Amount	11 2014
City	State	Zip Code		5.10
Fletcher	NC	28732		ID: 6e8359b1-4258-446c-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	11 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	299438.29	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Eleanor McCoy			Date of Pub	lic Distribution/Dissemination
Mailing Address 4902 Catawba Dr			09	11 2014
1			Amount	
City	State	Zip Code		112.50
Greensboro	NC	27407	Date of Disk	ID: 2cebb341-cf53-4ee6-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Exp	pandituras			117.60
(a) SUBTUTAL OF REHIRZED HOUSEHOUSE LAP	enditures			117.60
(b) SUBTOTAL of Unitemized Independent E	Expenditures		. •	4
(c) TOTAL Independent Expenditures			·	7 1 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 13	2014
Signature		_		

Schedule E)	JENT EXICITE	TI OTILO	PAGE 68 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	22.20
Greensboro	NC	27407	Transaction ID : 2e1f7a5a-ef43-4220-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	112.50
High Point	NC	27260	Transaction ID : 5ef7b2b8-c129-49ba-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		134.70
(,			7 7
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)				PAGE 69 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	D
Full Name of Payee Danielle McCoy			M = M /	Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	11 2014
City	State	Zip Code		21.00
High Point	NC	27260		D: 0decec02-c9dc-48a7-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 "	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	299438.29	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			09	11 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		40.00
Shreveport	LA	71104		: 86424904-2265-41a1-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	115236.30	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		>	61.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		. >	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 13	2014

Schedule E)	1120	PAGE 70 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	= M / D = D / Y = Y = Y
Z4-riour report 46-riour report	Amerius report filed on	
Full Name of Payee Gregory Green		of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street	Amou	nt
City State Zip	Code	10.80
Shreveport LA 711	-	action ID: 64eea8cf-c0f2-45b4-a of Disbursement or Obligation
Purpose of Expenditure Mileage Ca	ategory/ Type 002	09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ms. Mary L Landrieu	Oppose Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursemen 2014 O	t For:
Full Name of Payee	Date	of Public Distribution/Dissemination
Lily Green	Γ.	09 11 2014
Mailing Address 205 Medallion Circle	Amou	
	, uned	
1 .	Code	80.00
	119 Transa Date	oction ID: 02894f02-ce60-41a5-8 of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	09 / 11 / 2014
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu	Oppose Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	15236.30 Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	90.80
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	.	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	v Filed] Date 09	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	ENT EXILIB	TIONES	PAGI FOR	E 71 OF 80 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	FICATION NUMBER ▼
Women Speak Out PAC			C C0053	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on M M / D	D / Y = Y = Y
Full Name of Payee			Date of Public Distr	ibution/Dissemination
Lily Green			M M / D 1	1 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		28.80
Shreveport	LA	71119	Transaction ID: 30 Date of Disburseme	9d0c87-1f12-4867-a ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / D	11 2014
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Ms. Mary L Landrieu		X Oppose	President X Ser	nate State: LA
Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement For: For: Other (specify)	Primary X General
Full Name of Payee			Date of Public Distr	ribution/Dissemination
Serena A Jones			09 / D	2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		90.00
Saltville	VA	24370	Transaction ID: 791 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	09 / 1	2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: U I 2014 Other (specify)	Primary X General ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		·	118.80
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
			7	4
(c) TOTAL Independent Expenditures			>	47
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 13	2014
- 3				

Schedule E)	511-011-15	PAGE 72 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report fi	iled on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Serena A Jones		09 11 2014
Mailing Address 7151 Mullins Drive		Amount
City State	Zip Code	48.90
Saltville VA	24370	Transaction ID: 2a8252d7-4d84-49bd-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 11 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		09 11 2014 Amount
		Amount
City State	Zip Code	60.00
Winchester VA Purpose of Expenditure	22602	Transaction ID : 1625cfdd-f95b-46e3-9 Date of Disbursement or Obligation
Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		. 108.90
(a) OODTOTAL OF HOURIEGE HEEPENGON EMPORENCE		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electr	conically Filed] Date	09 13 2014
Signature		

Schedule E)	LIVI EXI LIVE	TOTILO	PAGE 73 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jazmine d Conner			09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 ASBURY CT			Amount
City	State	Zip Code	50.00
WINCHESTER	VA	22602	Transaction ID : a7239029-652a-4600-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	299438.29	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	50.00
Winchester	VA	22602	Transaction ID : 0a1811bf-a17c-466b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 100.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(b) GOD TO TAL OF GIMENIAZED INDEPENDENT EXP	criataros		
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Scł	hedule E)	L /(1 L (1).	101120				PAGE 74 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D D / Y T Y T Y
_							
	Full Name of Payee Carol L Walters				Date	of Public	c Distribution/Dissemination
	Mailing Address 1900 Glen West Way				Amo	ount	
F	City S	State	Zip Code		$-\Gamma$		50.00
L	Fort Smith	AR	72916				ID: 8c68a032-123b-487b-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	11 2014
	Name of Federal Candidate		<u> </u>	Support	Office Soug	ght:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Carol L Walters				Date		ic Distribution/Dissemination
-	Mailling: Address					09	11 2014
	Mailing Address 1900 Glen West Way				Amo	ount	
	City	State	Zip Code				6.90
	Fort Smith	AR	72916		Trans Date	saction II	D: ff74d463-b175-4d75-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M 09	11 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presi	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14	4	Disburseme 2014	ent For: Other (sp	Primary ⊠ General pecify) ►
,							
(8	a) SUBTOTAL of Itemized Independent Expenditures.				· ·	7-	56.90
(l	b) SUBTOTAL of Unitemized Independent Expenditure	es			· • [1 1 27 1 1 25
(0	c) TOTAL Independent Expenditures				· ·		
W	Inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	13	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	*** =/\. =.\.	1101.20		PAGE 75 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee	<u></u>		Date of P	ublic Distribution/Dissemination
Rodney O Culbreath			M 09	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code	— I	60.00
Winchester	VA	22602		on ID: a97b60b8-517a-409c-8 visbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		299438.29	Disbursement Fo	or: Primary X General (specify) ▶
Full Name of Payee	_		Date of P	Public Distribution/Dissemination
Rodney D Culbreth			M	M / D D / Y D Y D Y
Mailing Address 100 Asbury CT			09 Amount	11 2014
3200 Dam Neck Rd			, in our	
City	State	Zip Code		60.00
Winchester Purpose of Expenditure	VA	22602	Date of D	on ID: ca16e629-2c83-44c2-b Disbursement or Obligation
Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	299438.29	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		·	120.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / D	13 2014
Signature		_		

Schedule E)	VI EXI END	ITOTILO		PAGE 76 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Rze Culbreath			09	11 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602		ID: 0e8dcf59-e109-46e2-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	:	299438.29	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Amber M Gregory			09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1710 Elfen Glen St Apt 114B			Amount	
City	State	Zip Code		30.00
Van Buren	AR	72956		ID: 0954b6fd-0616-47a3-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	88575.14	Disbursement For: 2014 Other (s	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expenditu	res			90.00
			-	
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· >	7
(c) TOTAL Independent Expenditures			•	795
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 13	2014
U				

Scl	hedule E)	LAI LIIE.	101120				PAGE 77 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Dat	e of Public	c Distribution/Dissemination
	Amber M Gregory					09	11 2014
Ì	Mailing Address 1710 Elfen Glen St Apt 114B				Am	ount	
-	City	State	Zip Code		- $ $ $ $ $ $		9.00
Ĭ	Van Buren	AR	72956				ID: 41916397-9bba-4895-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M 09	/ 11 2014
1	Name of Federal Candidate		<u> </u>	Support	Office Sou	aht:	House District: 00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14		Disbursem 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
	Carla A Wells					M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 2013 Woodwind Way					Ua	11 2014
	- · · · · · · ,				Am	ount	
ľ	City	State	Zip Code				20.00
	Van Buren	NC	72956		Tran Dat	saction II e of Disbu	D: 4a43d839-2b22-4737-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	\Box	09	11 2014
	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		88575.14	4	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures.				· •	-	29.00
(I	b) SUBTOTAL of Unitemized Independent Expenditure	res			•		
(0	c) TOTAL Independent Expenditures				•	4	1 7 1 7 1
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 13	/ Y Y Y Y Y Y 2014
	Signature		_	2410			

Schedule E)	LINDITOTILO	PAGE 78 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on
Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination
Mailing Address 2013 Woodwind Way		09 11 2014 Amount
City State Van Buren NC	Zip Code	3.60 Transaction ID : 1696b65c-6823-432e-9
Van Buren NC Purpose of Expenditure Mileage	72956 Category/ 002	Date of Disbursement or Obligation
Name of Federal Candidate	Туре	ice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	88575.14 Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 11 2014
Mailing Address 6101 NORA ST		Amount
City State METAIRIE LA	Zip Code 70003	55.00 Transaction ID : d5840a9b-e28f-40a5-8
Purpose of Expenditure Salary	Category/ 001	Date of Disbursement or Obligation
Name of Federal Candidate		ice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	115236.30 Dis	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	58.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	[Electronically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	JENT EXI END	ITOTILO	PAGE 79 FOR SE O	OF 80 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	t filed on M M / D D /	Y Y Y Y Y
Full Name of Payee			Date of Public Distribution	/Dissemination
ERIC TABÁRY			09 / 11	2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.80
METAIRIE	LA	70003	Transaction ID : 0e75f000 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 11	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		115236.30	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	y X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Kaleigh J Wagner			09 / 11	2014
Mailing Address 18065 Wayne Rd			Amount	
City	State	Zip Code		55.00
Odessa	FL	33556	Transaction ID : 642b369b Date of Disbursement or	o-bf0a-4e4a-8
Purpose of Expenditure Salary		Category/ Type 001	M 09 11 11	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		88575.14	Disbursement For: Primar 2014 Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			56.80
			7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 13 Y Y Y 20	14
=				

Scl	nedule E)				PAGE 80 OF 80 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	
W	omen Speak Out PAC				C C00530766	
					M = M / D = D / Y = Y = Y	Y
Che	ck if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on		
T	Full Name of Payee Randy M Gold			Da	ate of Public Distribution/Dissemination	
ŀ	Mailing Address 1436 Haigs Creek Dr				09 11 2014	
				Ar	mount	
ı	City State		Zip Code		55.0	0
	Elgin SC		29045		ansaction ID : 2f675162-8b1c-4e9c-bate of Disbursement or Obligation)
	Purpose of Expenditure Salary		Category/ Type 001		09 / 11 / 2014	Y
Ī	Name of Federal Candidate		Support	Office Sc	ought: House District: 00)
	Mr. Mark L Pryor		X Oppose	Pre	esident X Senate State: AF	<u> </u>
	Calendar Year-To-Date Per Election for Office Sought	7	88575.14	Disburser 2014	ment For:	eral
Γ	Full Name of Payee			D	ate of Public Distribution/Disseminatio	n
١	Randy M Gold				09 11 2014	Υ
ŀ	Mailing Address 1436 Haigs Creek Dr				09 11 2014	_
	. iso range cross. 2			A	mount	
ľ	City State		Zip Code		47.31	
	Elgin SC		29045		insaction ID: ec7709f9-c711-469d-b ate of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002		M 09 / 11 / Y 2014	Y
	Name of Federal Candidate		Support	Office So	ought: House District: 0	0
	Mr. Mark L Pryor		X Oppose	Pre	esident X Senate State: AF	<u> </u>
	Calendar Year-To-Date Per Election for Office Sought		88575.14	Disburse 2014	ment For:	eral
(a) SUBTOTAL of Itemized Independent Expenditures			· •	102.31	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(C) TOTAL Independent Expenditures			•	6217.95	
W	Inder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or at arry committee) any political party committee or its agent.					
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	13 2014	
	Signature					